

DEAR EDITOR: The Over-trained Nurse was the subject of an amusing and somewhat instructive evening's entertainment given at the Academy of Medicine, New York, March twenty-ninth. The audience was composed of equal parts of trained nurses and doctors, but the speakers were all doctors, except Miss Samuel, superintendent of Roosevelt Hospital Training School, who was allowed in a paper to define and defend the present methods of training.

One doctor said that trained nurses were deserving poor women who had given up two years to be trained for a work which none could pursue more than ten years, and ridiculed the idea of their now being required to give three, or as in one school in Boston, four years to the training. He said that they could imbibe but little knowledge after twelve hours of mechanical labor, and that legislation for nurses interferes with the independence of hospitals, and will prove but a boomerang for the nurses who have thus formed a trust or trade-union to the exclusion of humbler attendants.

I can only speak for myself, John, but I'm one of those "deserving poor women" who chose for my life-work that of nursing, and after giving two years to the training, (which I had expected would be a sort of college training for a practical life) I have pursued it uninterruptedly for twenty years, continuing to study many things needed in my work, which could not be crowded into those two busy years. It was no mechanical labor, but a calling that stirred heart and mind, and created an enormous appetite for more knowledge of the reasons for and the methods of doing best, the work that my hands found to do.

As for legislation for nurses interfering with the independence of hospitals, I am not yet convinced of the independence of hospitals or their ability to be self-governing. Certainly they are not financially independent, and comparatively few can furnish training worth the time required, and are merely deceiving the public and their pupils by pretending to *fully* train nurses. They are at liberty to continue to do the work which they can really do well, and many doctors and patients will prefer for special cases these specially trained nurses. These nurses are only excluded from pretending to "know it *all*," which will hereafter be the exclusive privilege of those duly numbered and registered nurses who are willing to be "over-trained." If the doctors sneer at registration as a trust, why are they so anxious to control it themselves?

They said that trained nurses should not be self-governing, but



controlled as one department of hospital management. (Are there enough such heads to man the hospitals and undertake the management of this class of women, who have been so admirably self-governing?)

One doctor spoke of the progress of "the petted trained nurse," for whom we now supply palatial homes instead of the uninviting rooms off the wards, and the simple sick-nurse has become in a quarter of a century the professional nurse of whom the R. N.'s are the fortunate ones excluding all others. Did women ever obtain anything worth having without having opposition from men? Unlike others, nurses have been "united as one man" in quiet persistence in their highest aims, which were unselfish, and for the good of all, that each may be what she seems to be.

It was said that a good nurse was apt to be a poor ward-keeper and that a deterioration in ward-work has accompanied her progress, but I think that her care of the *patient* instead of the *bed* makes her a better nurse than the one whose bed-clothes were so tightly strapped as to cause talepes, though her ward was perhaps less "trim."

There were strong arguments against teaching nurses as much as some doctors know, but can she to whom the care of the human body is intrusted, know too much of its construction and functions? or an engineer too much of his engine?

One doctor wanted permanent head-nurses and a closer relationship between staff and school. It was fun to see the backs of the superintendents and their assistants straighten, and the doctors shrug or shake their shoulders at some of the suggestions. Examination questions were ridiculed because deep and searching and ended with "give treatment," but all doctors and nurses know that woe betides the nurse who presumes to even suggest giving treatment, lest she be given "absent treatment." Can it hurt her to know these latest fashions while she is laboriously trained to consider it the unpardonable sin of her profession?

They said she had displaced men and triumphed as a nurse but not as an M. D. Thanks! Most of us would rather be good nurses than poor doctors, and know at least enough to keep to the field in which we can excel.

The final consensus of opinion seemed to be that "the system, despite its short-comings, has been of great benefit ever since it was established," and that the *selection* of the nurse was of more importance than her training. One said that she must have tact, judgment and fine personal character, for he valued her most for her ability



to manage her environment, but felt that, like doctors and other professional dealers in misfortune, she would always be "a tolerated nuisance." Another hoped that out of the thousand applicants in each large school, the twenty-five who graduated would be tender, but not too sympathetic, well-balanced women, with common sense, unity, liberality, and charity. All seemed to feel that if *What is best for the patient?* be kept ever first in the minds of both doctor and nurse, they will work harmoniously together for their common cause and the greatest good for all humanity.

GRACE FORMAN,  
An R. N. but not an Over-trained Nurse.

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DEAR EDITOR: As a graduate of eight years' experience in private nursing, fully half of which has been obstetrical, I thought I would answer the questions "Yearling" asks in her letter to you in the March JOURNAL.

When my patient employs a house laundress I do not wash the diapers, but when, as is usually the case with my patients, there is only a cook and housemaid, and laundress once a week, with the extra work that illness always makes in a household, I never feel that I can ask to have the diapers washed more than once besides on the regular washing-day. So the soiled ones are washed twice a week and I wash out the wet ones every second day. Where there is only one maid, and it has been necessary, I have washed the diapers myself, except on the regular washing-day.

I wash shirts, bands and stockings myself, because the supply of first flannels is usually limited and cannot be spared to be sent to the laundry. The flannel skirts which have to be ironed I do not wash, except in an emergency.

I do not know whether it is good form to wheel a baby-carriage on the street, but when I have been with a patient more than four weeks I have always wheeled the baby out, and often in my uniform. I am a graduate of St. Luke's Hospital, Chicago, whose nurses wear an out-door uniform.

This is my own way of doing these things, as I have never discussed the subject with other nurses. I think it would be found that the custom in any city would vary as much as the nurses themselves. It seems to me that to make a success of private nursing, obstetrical or other cases, one must adapt oneself to circumstances and individual cases.

A. A. A.